

**EXTENDED CARE REGISTRATION 2009-2010**

<b>Student Info</b>	
Name:	
Date of birth:	Sex:
Address:	Grade Fall '09:
	Homeroom:
Home phone:	
Name of Siblings in Extended Care:	

<b>Parent/Guardian Info</b>	
Marital status: (circle one) Married   Divorced   Separated   Widowed   Single	
Parent with Custody: (if divorced or separated)	
<b>Father</b>	<b>Mother</b>
Name:	Name:
Address:	Address:
Home #:	Home #:
Work #:	Work #:
Cell/pager #:	Cell/pager #:

<b>Pick-Up Info</b>		
The following ADDITIONAL people are authorized to pick up my child. I understand that my child will not be released to anyone who is not listed below. Picture ID is required. <b>Do not list parent in this section.</b>		
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
Doctor:		Phone #:
Dentist:		Phone #:
Preferred Hospital Emergency Room:		Phone #:

<b>Medical Concerns:</b> Please list medical concerns (allergies, special needs, medication taken etc...)

<b>Medical Insurance:</b>	Family Insurance Company:
Primary Subscriber:	Group #:
Insurance Phone #:	Policy ID #:

**Medical Consent:** In the event of reasonable attempts to contact me at \_\_\_\_\_ (mother) or \_\_\_\_\_ (father) or any of the emergency contact persons listed above, have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by any licensed physician or dentist and (2) the transfer of my child to any hospital reasonable accessible. This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians or dentist concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Parent Signature: \_\_\_\_\_.

I, the undersigned, do hereby give my permission for my child to participate in Extended Care programs and activities. I understand that my Extended Care fees do not include accident or personal injury insurance and that no liability is assumed by St. Gregory the Great or other sponsors or staff. I understand my Extended Care fees must be paid in full on a weekly basis or late fee charges will incur. \_\_\_\_\_  
 Parent/Guardian Signature